

# Permission to share/move my College of Direct Support Transcript

**Please Select one option and complete all information for your selection.**

## **OPTION 1: Manager Zone Access**

1) First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Employee's Name (***Please Print***)

Learner ID \_\_\_\_\_

I am willing to share my CDS Transcript;

with the following agency \_\_\_\_\_ in \_\_\_\_\_  
City

Manager's first and last name \_\_\_\_\_ who will  
need access to this learner's transcript.

## **OPTION 2: Moving Learner's Transcript**

2) I \_\_\_\_\_ no longer work for \_\_\_\_\_  
Employee's Name (***Please Print***) Agency Name

and would like my CDS Transcript moved to my current employer:

\_\_\_\_\_ located in \_\_\_\_\_  
Current Agency City

Employee's Signature \_\_\_\_\_

CDS Administrator's Name \_\_\_\_\_ &

the learners department \_\_\_\_\_.

Please fax to 865-531-4708 or scan and email to [mkael@collegeofdirectsupport.com](mailto:mkael@collegeofdirectsupport.com) or  
[donna@collegeofdirectsupport.com](mailto:donna@collegeofdirectsupport.com)

Thank you for using CDS.